



## REMOTE EXPRESS DEPOSIT CONSENT

AGENCY INFORMATION		
Agency Name:		Agency Number:
Primary Contact	Name/Title:	
	Phone:	E-Mail:

A state agency or department that chooses to utilize Remote Express Deposit service agrees and accepts the requirements established by the bank for use of this service. By signing this consent form, I accept the following responsibilities on behalf of my agency or department:

1. To visually examine the images and re-scan images which are totally or partially unreadable, verify and validate the total of the deposit as reflected by the software application and transmit the images.
2. To not consider any deposit made through these services as received until a confirmation of the deposit is received via email from the bank. At that time, the cash receipt document can be completed and submitted to Treasury.
3. To not deposit foreign checks (meaning a check drawn on or issued by a bank or other financial institution which is not domiciled within the United States or a territory or possession of the United States which clears through the Federal Reserve System) by utilizing this service. Foreign checks will be deposited at the bank.
4. To accept sole responsibility in the event of multiple depositing of the same checks deposited by you through this service, whether such multiple depositing be intentional or unintentional and whether as a result of fraud or for any other reason whatsoever, and whether such shall be deposited electronically or as paper checks with us or any other financial institution. To take all necessary steps to avoid such multiple deposits of the same check.
5. To be responsible for the quality of the image of each check scanned. Any check considered rejected will be handled by either re-imaging the check and re-submitting for deposit, or the original will be deposited at the bank.
6. To retain the originals of all imaged checks until they have been validated by the bank and then to shred the originals of all imaged checks as soon as it is feasible to do so after validation. To safeguard the originals of imaged checks until such time as they have been shredded.
7. To draft internal procedures in compliance with the above responsibilities and security controls to utilize this product and service.
8. To designate a machine administrator that will be responsible for adding and modifying user information. Once a user is added or deleted, Cash Management should be notified.
9. To set up users with a unique identifying system. The first three spaces will be the agency code followed by a space, followed by the user initials or agency division. The user code will aid in identifying the depositor if the transaction does not reconcile.

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date

**Fax or email the completed form to: Fax: (334) 242-4242**

**E-mail: [cash.management@treasury.alabama.gov](mailto:cash.management@treasury.alabama.gov)**

**If you have questions, please contact Cash Management at (334) 242-4491.**